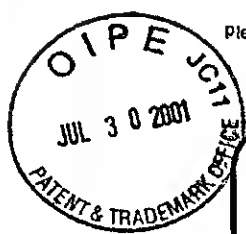


AUG 01 2001

#4
A0
1600/2900



Please type a plus sign (+) inside this box → +

Approved for use through 9/30/00. PTO/504/01
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number IN01155K	
	First Named Inventor VENKATRAMAN, et al	
	COMPLETE IF KNOWN	
	Application Number	/
	Filing Date	July 19, 2001
	Group Art Unit	To Be Assigned
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)		Examiner Name To Be Assigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MACROCYCLIC NS-3 SERINE PROTEASE INHIBITORS OF HEPATITIS C VIRUS COMPRISING ALKYL AND ARYL ALANINE P2 MOIETIES

the specification of which (Title of the invention)

☒ is attached hereto
OR
☐ was filed on (MM/DD/YYYY) [] as United States Application Number or PCT International Application Number [] and was amended on (MM/DD/YYYY) [] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(e) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/198,204	4/19/2000	

[Page 1 of 2]

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: []

Typed or printed name	Date
Signature	

Express Mail Label No.	EL403238271US
Date	July 19, 2001

RECEIVED

AUG 01 2001



Please type a plus sign (+) inside this box →



TECH CENTER 1600/2900

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☒ Customer Number 24265

OR

☐ Registered practitioner(s) name/registration number listed below

Place Customer Number Bar Code Label here

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number or Bar Code Label 24265 OR ☐ Correspondence address below

Name	PALAIYUR S. KALYANARAMAN Reg. No. 34634				
Address					
Address					
City		State		ZIP	
Country		Telephone	(908) 298 5068	Fax	(908) 298-5388

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))		Family Name or Surname	
SRIKANTH		VENKATRAMAN	
Inventor's Signature		Date	
Residence: City	WOODBIDGE	State	NJ
Country	U.S.A.	Citizenship	INDIA
Post Office Address	35 ROANOKE STREET		
Post Office Address			
City	WOODBIDGE	State	NJ
ZIP	07095	Country	U.S.A.

☒ Additional inventors are being named on the 4 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

JUL 30 2001

AUG 01 2001

Please type a plus sign (+) inside this box → ☐Approved for use through 9/30/99, OMB 0651-9032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

PTO/SB/024750

TEP/OMB/024750

1600/2900

DECLARATION**ADDITIONAL INVENTOR(S)****Supplemental Sheet**Page 1 of 5**Name of Additional Joint inventor, if any:**☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

KEVIN X.

CHEN

Inventor's
Signature

Date

Residence: City

ISELIN

State

NJ

Country

U.S.A.

Citizenship

U.S.A.

Post Office Address

44 GILL LANE, APT. 1D

Post Office Address

City

ISELIN

State

NJ

ZIP

08830

Country

U.S.A.

Name of Additional Joint inventor, if any:☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

ASHOK

ARASAPPAN

Inventor's
Signature

Date

Residence: City

BRIDGEWATER

State

N.J.

Country

U.S.A.

Citizenship

INDIA

Post Office Address

18 LARSEN COURT

Post Office Address

City

BRIDGEWATER

State

NJ

ZIP

08807

Country

U.S.A.

Name of Additional Joint inventor, if any:☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

F. GEORGE

NJOROGÉ

Inventor's
Signature

Date

Residence: City

WARREN

State

N.J.

Country

U.S.A.

Citizenship

KENYA

Post Office Address

11 SOFTWOOD WAY

Post Office Address

City

WARREN

State

N.J.

ZIP

07059

Country

U.S.A.

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



RECEIVED

AUG 01 2001

Please type a plus sign (+) inside this box.



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMA control number.

Approved for use through 9/30/98. OMA 0651-0032
Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
TECHNICAL CENTER 600



DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 5

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
VIYYOOR MOOPIL				GIRJAVALLABHAN			
Inventor's Signature				Date			
Residence: City	PARSIPPANY	State	N.J.	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address		10 MAPLEWOOD DRIVE					
Post Office Address							
City	PARSIPPANY	State	N.J.	ZIP	07054	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
ASHIT K.				GANGULY			
Inventor's Signature				Date			
Residence: City	UPPER MONTCLAIR	State	N.J.	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address		96 COOPER AVENUE					
Post Office Address							
City	UPPER MONTCLAIR	State	N.J.	ZIP	07043	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
TIN-YAU				CHAN			
Inventor's Signature				Date			
Residence: City	EDISON	State	N.J.	Country	U.S.A.	Citizenship	HONG KONG
Post Office Address		26 BARLOW ROAD					
Post Office Address							
City	EDISON	State	N.J.	ZIP	08817	Country	U.S.A.

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.





AUG 01 2001

TECH CENTER 1600/2900

Please type a plus sign (+) inside this box → ☒Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 5

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))				Family Name or Surname				
BRIAN ALEXANDER				MC KITTRICK				
Inventor's Signature				Date				
Residence: City		BLOOMFIELD	State	N.J.	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address		67 LAUREL AVENUE						
Post Office Address								
City		BLOOMFIELD	State	N.J.	ZIP	07003	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))				Family Name or Surname				
NANHUA HUGH				YAO				
Inventor's Signature		<i>Nanhua Hugh Yao</i>		Date		6/19/01		
Residence: City		IRVINE	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address		12 SANTA LUZIA AISLE						
Post Office Address								
City		IRVINE	State	CA	ZIP	92606	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))				Family Name or Surname				
ANDREW JOSEPH				PRONGAY				
Inventor's Signature				Date				
Residence: City		STEWARTSVILLE	State	NJ	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address		104 WILLOW GROVE ROAD						
Post Office Address								
City		STEWARTSVILLE	State	NJ	ZIP	08886	Country	U.S.A.

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

AUG 01 2001

TECH CENTER 1006/2900

Please type a plus sign (+) inside this box → ☐

Approved for use through 8/30/98. OMB 0651-0032
 Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

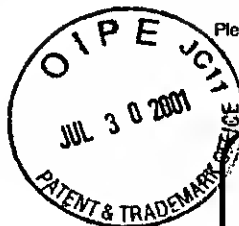
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet**Page 4 of 5

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
VINCENT STEWART				MADISON			
Inventor's Signature						Date	
Residence: City		MOUNTAIN LAKES		State		NJ	
				Country		U.S.A.	
Post Office Address		12 RONARM DRIVE					
Post Office Address							
City		MOUNTAIN LAKES		State		NJ	
				ZIP		07046	
				Country		U.S.A.	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature						Date	
Residence: City				State			
				Country			
Post Office Address							
Post Office Address							
City				State			
				ZIP			
				Country			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature						Date	
Residence: City				State			
				Country			
Post Office Address							
Post Office Address							
City				State			
				ZIP			
				Country			

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

AUG 01 2001

Please type a plus sign (+) inside this box → ☒

TECH CENTER 1600/2900

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

☒ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	IN01155K
First Named Inventor	VENKATRAMAN, et al
COMPLETE IF KNOWN	
Application Number	/
Filing Date	April 17, 2001
Group Art Unit	To Be Assigned
Examiner Name	To Be Assigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MACROCYCLIC NS-3 SERINE PROTEASE INHIBITORS OF HEPATITIS C VIRUS
COMPRISING ALKYL AND ARYL ALANINE P2 MOIETIES

the specification of which (Title of the Invention)

☒ Is attached hereto
OR

☐ was filed on (MM/DD/YYYY) [] as United States Application Number or PCT International

Application Number [] and was amended on (MM/DD/YYYY) [] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(a) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/198,204	4/19/2000	

(Page 1 of 2)

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: []

Typed or printed name

Signature

Date

Express Mail Label No.

EL403238271US

Date

April 17, 2001



RECEIVED

AUG 01 2001

Please type a plus sign (+) inside the box → ☐

Approved for use through 9/30/00 OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
1600/2900

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☒ Customer Number 24265 → Place Customer Number Bar Code Label here
☐ OR
☐ Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number or Bar Code Label 24265 OR ☐ Correspondence address below

Name	PALAIYUR S. KALYANARAMAN					Reg. No.	34634	
Address								
Address								
City				State		ZIP		
Country		Telephone	(908) 298 5068		Fax	(908) 298-5388		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))				Family Name or Surname			
SRIKANTH				VENKATRAMAN			
Inventor's Signature						Date	16 May 01
Residence: City	WOODBIDGE	State	NJ	Country	U.S.A.	Citizenship	INDIA
Post Office Address	35 ROANOKE STREET						
Post Office Address							
City	WOODBIDGE	State	NJ	ZIP	07095	Country	U.S.A.

☒ Additional inventors are being named on the 3 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

AUG 01 2001



TECH CENTER 1600/2900

Please type a plus sign (+) inside this box → ☐

Under the Paperwork Reduction Act of 1995, this form is required to respond to a collection of information unless it contains a valid OMB control number.

Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Persons are required to respond to a collection of information unless it contains a

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 4

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
KEVIN X. <i>[Signature]</i>				CHEN			
Inventor's Signature	<i>[Signature]</i>					Date	5/15/01
Residence: City	ISELIN	State	NJ	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	44 GILL LANE, APT. 1D						
Post Office Address							
City	ISELIN	State	NJ	ZIP	08830	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
ASHOK				ARASAPPAN			
Inventor's Signature	<i>[Signature]</i>					Date	5/15/01
Residence: City	BRIDGEWATER	State	N.J.	Country	U.S.A.	Citizenship	INDIA
Post Office Address	18 LARSEN COURT						
Post Office Address							
City	BRIDGEWATER	State	NJ	ZIP	08807	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
F. GEORGE				NJOROGE			
Inventor's Signature	<i>[Signature]</i>					Date	05/23/01
Residence: City	WARREN	State	N.J.	Country	U.S.A.	Citizenship	KENYA
Post Office Address	11 SOFTWOOD WAY						
Post Office Address							
City	WARREN	State	N.J.	ZIP	07059	Country	U.S.A.

Burdan Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box → ☐

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

+

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>2</u> of <u>4</u>
--------------------	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
VIYYOOR MOOPIL				GIRJAVALLABHAN			
Inventor's Signature	<i>Viyyoor Moopil</i>					Date	5/15/01
Residence: City	PARSIPPANY	State	N.J.	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	10 MAPLEWOOD DRIVE						
Post Office Address							
City	PARSIPPANY	State	N.J.	ZIP	07054	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
ASHIT K.				GANGULY			
Inventor's Signature	<i>Ashit K. Ganguly</i>					Date	5/15/01
Residence: City	UPPER MONTCLAIR	State	N.J.	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	96 COOPER AVENUE						
Post Office Address							
City	UPPER MONTCLAIR	State	N.J.	ZIP	07043	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
TIN-YAU				CHAN			
Inventor's Signature	<i>Man Tin Yau</i>					Date	5/15/01
Residence: City	EDISON	State	N.J.	Country	U.S.A.	Citizenship	HONG KONG
Post Office Address	26 BARLOW ROAD						
Post Office Address							
City	EDISON	State	N.J.	ZIP	08817	Country	U.S.A.

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

AUG 01 2001

TECH CENTER 1600/2900

RECEIVED

+



Please type a plus sign (+) inside this box → ☐

Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1997, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

+

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>3</u> of <u>4</u>
--------------------	---

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
BRIAN ALEXANDER				MC KITTRICK			
Inventor's Signature				Date	6/12/01		
Residence: City	BLOOMFIELD	State	N.J.	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	67 LAUREL AVENUE						
Post Office Address							
City	BLOOMFIELD	State	N.J.	ZIP	07003	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
NANHUA HUGH				YAO			
Inventor's Signature				Date			
Residence: City	IRVINE	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	12 SANTA LUZIA AISLE						
Post Office Address							
City	IRVINE	State	CA	ZIP	92606	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
ANDREW JOSEPH				PRONGAY			
Inventor's Signature				Date	6/12/01		
Residence: City	STEWARTSVILLE	State	NJ	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	104 WILLOW GROVE ROAD						
Post Office Address							
City	STEWARTSVILLE	State	NJ	ZIP	08886	Country	U.S.A.

RECEIVED

AUG 01 2001

MAIL CENTER 1600/2900

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

+



RECEIVED

AUG 01 2001

PTO/SB/02A (3-97)

OMB 0651-0032

Please type a plus sign (+) inside this box → ☐

Approved for use through 9/30/98. OMB 0651-0032

Under the Paperwork Reduction Act of 1995, persons are not required to respond to a collection of information unless it displays a valid OMB control number.

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

1600/2900

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 4 of 4

Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
VINCENT STEWART				MADISON			
Inventor's Signature	<i>Vincent Stewart Madison</i>					Date	5-15-01
Residence: City	MOUNTAIN LAKES	State	NJ	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	12 RONARM DRIVE						
Post Office Address							
City	MOUNTAIN LAKES	State	NJ	ZIP	07046	Country	U.S.A.
Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.